

Including yourself, how many adults (aged 18 years and above) are living in your household?	<input type="checkbox"/> Women _____ <input type="checkbox"/> Men _____ <input type="checkbox"/> Prefer not to say/Other
How many habitable rooms do you have in your home?	Number of rooms _____
Do you have access to outside space where your child can currently play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your household lost any income since the COVID-19 global pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i><u>If No, skip to Q9, otherwise continue.</u></i>
<i><u>If the answer to Q4 was Yes (lost income) then ask this</u></i>	
Has your household lost any income sources since the COVID-19 global pandemic? <i>Please select all that apply</i>	<input type="checkbox"/> No <input type="checkbox"/> I have lost my job <input type="checkbox"/> Another adult in our household has lost their job <input type="checkbox"/> A child has lost their job <input type="checkbox"/> We no longer receive money sent from family or friends <input type="checkbox"/> We no longer receive money sent from the government <input type="checkbox"/> Other (please specify) _____
<i><u>If the answer to Q4 was Yes (lost income) then ask this</u></i>	
How much of your household income have you lost?	<input type="checkbox"/> All of it <input type="checkbox"/> Most of it (more than 75% lost) <input type="checkbox"/> More than half (56-75%) <input type="checkbox"/> About half (45-55%) <input type="checkbox"/> Less than half (25-44%) <input type="checkbox"/> Less than a quarter (less than 25% lost)
<i><u>If the answer to Q4 was Yes (lost income) then ask this</u></i>	
Has your household had any trouble paying for any of the following as a result of income lost because of the COVID-19 global pandemic? <i>Please select all that apply</i>	<input type="checkbox"/> Food <input type="checkbox"/> Critical nutrition supplements <input type="checkbox"/> Healthcare <input type="checkbox"/> Medical supplies <input type="checkbox"/> Fuel or transport <input type="checkbox"/> Rent or housing <input type="checkbox"/> Utility bills (phone, internet), heating or cooling the home <input type="checkbox"/> Learning resources for children <input type="checkbox"/> Disability Services e.g. physiotherapy, dietician <input type="checkbox"/> Assistive Devices e.g. glasses, hearing aids <input type="checkbox"/> Support workers/care workers <input type="checkbox"/> No, none of these

<p><u>If the answer to Q4 was Yes (lost income) then ask this</u></p> <p>In the past seven days, if there have been times when you did NOT have enough food or money to buy food, how many days has your household had to: <i>Please record number of days (0-7) out of the past seven days.</i></p> <ul style="list-style-type: none"> a) Rely on less preferred and less expensive foods? b) Borrow food, or rely on help from a friend or relative? c) Limit portion size at mealtimes? d) Restrict consumption by adults in order for small children to eat? e) Reduce number of meals eaten in a day? f) Give food to a child with a disability that doesn't meet 	<ul style="list-style-type: none"> a. Open text response b. Open text response c. Open text response d. Open text response e. Open text response f. Open text response
<p>Before the global outbreak of COVID-19, how many people in your household were receiving government benefits, grants, transfers or disability pensions?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adults (number)_____ <input type="checkbox"/> Children (number)_____ <input type="checkbox"/> Household received benefits as a whole (Yes/No) ____
<p>Since the global outbreak of COVID-19, how many people in your household are receiving government benefits, grants or transfers or disability pensions?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adults (number)_____ <input type="checkbox"/> Children (number)_____ <input type="checkbox"/> Household received benefits as a whole (Yes/No) ____